



Customer Request

For

Return Materials

Request Received
By: _____
Request Received
On: _____

CUSTOMER DETAILS:

Company _____
 Address _____

Contact _____
 Phone _____
 Email _____
 Fax _____

PRODUCT DETAILS:

Item #	Qty	Reason for Return incl. Application	PO#	Invoice #	Invoice Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Requesting Signature: _____ Date: _____

FOR INTERNAL USE ONLY

RMA# : _____ Restocking Fee: _____ Credit Amount: _____
 Issued By: _____ Return Rec'd On: _____ Credit Issued By: _____
 Issued On: _____ Return Rec'd By: _____ Credit Issued On: _____
 Replacement Sent On: _____ Invoice#: _____ Tracking#: _____